

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

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U.S. DISTRICT COURT
DISTRICT OF NEW JERSEY
RECEIVED

Taleat m-Mohamed

2022 JUN -2 P 12:56

104 Corbin Ave Apt 1A ph# 551-998-0954

Jersey City, NJ 07306

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Plaintiff: Ricky E Baolie

647 Newark Ave, NJ 07306
ph# 201-656-8500

NJ Insurance

301 Sullivan Way
West Trenton, NJ 08628
ph# 609-883-1300

COMPLAINT

Jury Trial: Yes No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name
	<u>Taleat m-Mohamed</u>
	Street Address
	<u>104 Corbin Ave Apt 1A</u>
	County, City
	<u>Jersey City</u>
	State & Zip Code
	<u>NJ 07306</u>
	Telephone Number
	<u>551-998-0954</u>

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Ricky E - Baglie
 Street Address 648 Newark Ave
 County, City Jersey City
 State & Zip Code New Jersey 07306
Ph# 201-656-8500

Defendant No. 2

Name NJM Insurance
 Street Address 301 Sullivan Way
 County, City West Trenton
 State & Zip Code New Jersey 08623
Ph# 609-883-1300

Defendant No. 3

Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 4

Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. There are four types of cases that can be heard in federal court: 1) Federal Question - Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case; 2) Diversity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case; 3) U.S. Government Plaintiff; and 4) U.S. Government Defendant.

- A. What is the basis for federal court jurisdiction? (check all that apply)

Federal Questions Diversity of Citizenship
 U.S. Government Plaintiff U.S. Government Defendant

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?
-
-

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship New Jersey

Defendant(s) state(s) of citizenship New Jersey

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Kearny Steel Container
401 South Street Newark, NJ 07105

B. What date and approximate time did the events giving rise to your claim(s) occur? June 17-2010
Around Noon

C. Facts: _____

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

Talaat Mohamed

104 Corbin Avenue Apt 1 A
Jersey City, NJ 07306
Tel:551-998-0954

To whom it may concern.
Sir or Madam.

Statement of claim:

C. page#15. Facts: While working for, kearny steel container Corp, located in Newark New Jersey I was a tractor trailer technical electrician. On June 17-2010 while working on one of the company's trailer. i was hit twice by another truck for the same company. i was severely injured where I had a broken femur. I did 4 surgeries on my right leg. a couple years after that, I did surgery on my back, spine and neck from the same accident. My whole body is in constant pain everyday, and still having problems from the accident. In the winter time I can barely walk. I have no family to help me. all Im asking is for a new trial to please hear my case and to give me my fair judgment for my pain and suffering that I will have to endure for the rest of my life.

C: Who did what?: was hit twice by another truck at work from same company.

C: Was anyone involved?:Mechanic and myself that works for the same company Kearny steel container Corp.

C: Who else saw what happened?: Owner of company and workers saw me after accident happened in kearny steel container Corp company garage.

IV. page16. Injuries: Broken right Femur.

X-rays of all my injuries is enclosed.

V. page16. Relief: I seek momentary compensation in the sum of \$3,000.000.00 because I have physical, neurological and Psychological conditions which prevent me from doing day to day activities. i cannot work anymore in the field that I have over 40 years, experience as an electrician for diesel truck heavy equipment and hydraulic system.

1: my lawyer said NJM insurance company was to reward me \$25,000 in one lump sum. After judge sign order for Disability. as of today, I only received \$15,000 from NJM Insurance Company.

2:the insurance company cut my disability check from April 2018 to May 2019 without an explanation

3: promises was made to me about full compensation. my case was closed without my knowledge.

4: I seek my increase money since accident from June 17-2010 until the case is completely finish.


Talaat M. Mohamed - 6-1-2022

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. _____

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 6-1-2022, 2022.

Signature of Plaintiff 

Mailing Address

104 Cobin Ave Apt 1A
Jersey City, NJ 07306-6946

Telephone Number

551-998-0954

Fax Number (if you have one)

E-mail Address

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint.

Signature of Plaintiff: 